Juliann Flaherty Acting Chief of Police

Arlington Police Department



POLICE HEADQUARTERS 112 Mystic Street Telephone 781-316-3900

CITIZEN COMMENDATION/COMPLAINT FORM OFFICE OF PROFESSIONAL STANDARDS

CITIZEN INFORMATION

Name			Date of Birth		
Home Address			City	State	Zip Code
Business Address	s		City	State	Zip Code
Email Address			Home Phone (_)	
Business Phone ()			Cell Phone ()		
		INCIDENT	TINFORMATION		
Officer(s) Involve	ed (if more tha	n one, please state)			
Name			Badge Number	·	Vehicle Number
Name			Badge Number	·	Vehicle Number
Location of Incident			Date of Incident		Time of Incident
		WITNESS	INFORMATION		
Name of Witness #1			Witness #1 Address		
City	State	Zip Code	Business Address		
City	State	Zip Code	Email Address		
Home Phone ()	Business Phone ()	Cell Phone (_)
Name of Witness	s #2		Witness #2 Addres	ss	
City	State	Zip Code	Business Address		
City	State	Zip Code	Email Address		
Home Phone ()	Business Phone ()	Cell Phone (_)

DESCRIBE BASIS FOR COMME	ENDATION OR COMPLAINT (Please Circle One)
PLEASE ATTACH SEPARA	TE SHEET IF MORE SPACE IS NEEDED
TO THE BEST OF MY KNOWLEDGE, THE ABOVE	E STATEMENT IS AN ACCURATE AND TRUE ACCOUNT OF THE INCIDENT:
CITIZEN'S SIGNATURE	
	DATE/TIME
DDINE CUEUZENIC NAME	
PRINT CITIZEN'S NAME	DATE/TIME
IF CITIZEN IS UNDER EIGHTEEN YEARS OF A	AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED
PARENT/GUARDIAN SIGNATURE	
	DATE/TIME
PRINT PARENT/GUARDIAN NAME	D. A. (DEC./(DYD.A.V.E.
	DATE/TIME
NAME, RANK AND SIGNATURE OF D	DEPARTMENT EMPLOYEE RECEIVING THIS FORM
	DATE/TIME

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